

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED

2012 JAN 18 AM 9:38

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5 FEC MAIL CENTER

American Sovereignty PAC

ADDRESS (number and street)

2961-A Hunter Mill Road Suite 808

Check if different than previously reported. (ACC)

Oakton

VA

22124

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00229685

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 10 / 01 / 2011 through 12 / 31 / 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Parker Lewis - Assistant Treasurer

Signature of Treasurer

Date 01 / 02 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Sovereignty PAC

Report Covering the Period: From: 10 / 01 / 2011 To: 12 / 31 / 2011

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2011		544 69
(b) Cash on Hand at Beginning of Reporting Period.....	540 69	
(c) Total Receipts (from Line 19)	0 00	0 00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	540 69	544 69
7. Total Disbursements (from Line 31)	6 00	10 00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	534 69	534 69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0 00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0 00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Sovereignty PAC

Report Covering the Period: From: ^M10^M / ^D01^D / ^Y2011^Y To: ^M12^M / ^D31^D / ^Y2011^Y

I. Receipts	COLUMN A Total This Period		COLUMN B Calendar Year-to-Date	
11. Contributions (other than loans) From:				
(a) Individuals/Persons Other Than Political Committees				
(i) Itemized (use Schedule A).....	,	,	0.00	,
(ii) Unitemized	,	,	-	,
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	,	,	0.00	,
(b) Political Party Committees	,	,	-	,
(c) Other Political Committees (such as PACs).....	,	,	0.00	,
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	,	,	-	,
12. Transfers From Affiliated/Other Party Committees.....	,	,	-	,
13. All Loans Received	,	,	-	,
14. Loan Repayments Received.....	,	,	-	,
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	,	,	-	,
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	,	,	-	,
17. Other Federal Receipts (Dividends, Interest, etc.).....	,	,	-	,
18. Transfers from Non-Federal and Levin Funds				
(a) Non-Federal Account (from Schedule H3).....	,	,	-	,
(b) Levin Funds (from Schedule H5).....	,	,	-	,
(c) Total Transfers (add 18(a) and 18(b))..	,	,	0.00	,
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	,	,	0.00	,
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	,	,	0.00	,

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period		COLUMN B Calendar Year-to-Date			
21. Operating Expenditures:							
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)							
(i) Federal Share	,	,	0 .00	,	,	0 .00	
(ii) Non-Federal Share.....	,	,	0 .00	,	,	0 .00	
(b) Other Federal Operating Expenditures	,	,	6 .00	,	,	10 .00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	▶	,	,	6 .00	,	,	10 .00
22. Transfers to Affiliated/Other Party Committees.....	,	,	-	,	,	-	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	,	,	0 .00	,	,	0 .00	
24. Independent Expenditures (use Schedule E)	,	,	-	,	,	-	
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	,	,	-	,	,	-	
26. Loan Replyments Made.....	,	,	-	,	,	-	
27. Loans Made.....	,	,	-	,	,	-	
28. Refunds of Contributions To:							
(a) Individuals/Persons Other Than Political Committees	,	,	-	,	,	-	
(b) Political Party Committees	,	,	-	,	,	-	
(c) Other Political Committees (such as PACs).....	,	,	-	,	,	-	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	▶	,	,	-	,	,	-
29. Other Disbursements	,	,	0 .00	,	,	0 .00	
30. Federal Election Activity (2 U.S.C. §431(20))							
(a) Allocated Federal Election Activity (from Schedule H6)							
(i) Federal Share	,	,	-	,	,	-	
(ii) "Levin" Share.....	,	,	-	,	,	-	
(b) Federal Election Actvity Paid Entirely With Federal Funds	,	,	-	,	,	-	
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	▶	,	,	-	,	,	-
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	,	,	6 .00	,	,	10 .00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	▶	,	,	6 .00	,	,	10 .00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	-	-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6.00	10.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	-	-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6.00	10.00

12030710239

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Sovereignty PAC

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

, , 0.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

, , .

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

, , .

SUBTOTAL of Receipts This Page (optional)..... ►

, , 0.00

TOTAL This Period (last page this line number only)..... ►

, , 0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Sovereignty PAC

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

, , .

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

, , .

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

, , .

SUBTOTAL of Disbursements This Page (optional)..... ▶

, , 0.00

TOTAL This Period (last page this line number only)..... ▶

, , 0.00

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SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

American Sovereignty PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

N/A

Election:

☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y % (apr) ☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .

SUBTOTALS This Period This Page (optional) 0.00

TOTALS This Period (last page in this line only) 0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030710242

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

American Sovereignty PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

N/A

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period


Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....	▶	,	,	0 . 00
2) TOTALS This Period (last page this line number only).....	▶	,	,	0 . 00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	,	,	0 . 00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		,	,	0 . 00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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1/18/11
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